Flag Request Form

Office of Congressman John N. Hostettler

1214 Longworth House Office Bldg

Washington, DC 20515 TEL: (202) 225-4636 FAX: (202) 225-3284

Instructions: Print and fill out this form. Please mail the form with your payment to the above address. Your request will not be processed until payment is received.

Date Regi	uested:			
Nam				
Addr	ess:			
City, State, Zip:				
Phor	ne:			
Do you want	your flag flown	over the Capitol? (ar	n extra \$4.05) yes no	(Circle one)
Date flown:_		*Please allow an	extra 4 - 6 weeks for delivery of	flags that are flown
Name of Org Individual on	anization/ the certificate:			
Notes/Specia	al Instructions:			
<u>Size</u>	<u>Cost</u>	Amount Ordered	Flown Over Capitol (\$4.05 per flag)	Total <u>Cost</u>
3x5 Cotton	\$9.25			
3x5 Nylon 4x6 Nylon	\$9.00 \$13.50			
5x8 Cotton	\$20.00			
5x8 Nylon	\$18.00			
			se call for prices: (202) 225-4636 s Office Supply Account"	
		These Fl	ags Cannot Be Resold	
THIS SECTION FOR OFFICE USE ONLY				
Pay received	l:	Sent to Architect	: Pay deposited:	
Method of pay:		Rec'd from Arch	Sent to Constituer	nt: